	23-13774-am			Entered 01/16/24	4 13:47:59	Desc Main	
Fill in this information  Debtor 1	Stephanie First Name	Joanne Middle Name	<b>Jahr</b> Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankru	uptcy Court for the:	Ea	stern District of Pennsylv	vania			
Case number (if known)	23-13774-aı	mc				Check if this is an amended filing	
Official Form	122C-2			_			
<b>Chapter 13</b>	Calculati	on of Yo	ur Disposab	le Income		0	4/22
needed, attach a sepa your name and case	ccurate as possible arate sheet to this fo	rm. Include the	line number to which the	, both are equally responsil additional information app			<i>r</i> rite
	e IRS standards, go			ain expense amounts. Use a arate instructions for this f		•	
they are higher than	the standards. Do no	ot include any op		e. In later parts of the form, a subtracted from income in m 122C–1.			if
If your expenses diffe	er from month to mor	nth, enter the ave	erage expense.				
Note: Line numbers	1-4 are not used in th	nis form. These r	numbers apply to informati	ion required by a similar forr	n used in chapter	7 cases.	

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$841.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Dacument Page 2 of 8 Case number (if known) 23-13774-amc Debtor 1 Stephanie First Name Last Name Middle Name People who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$79.00 Number of people who are under 65 1 Copy \$79.00 7c. Subtotal. Multiply line 7a by line 7b. \$79.00 here -People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$154.00 7e. Number of people who are 65 or older 0 \$0.00 Copy \$0.00 Subtotal. Multiply line 7d by line 7e. here \$79.00 7g. Total. Add lines 7c and 7f. \$79.00 Copy here  $\rightarrow$ .... Local **Standards** You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities – Insurance and operating expenses Housing and utilities – Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in \$643.00 the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount \$1,697.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Average monthly Name of the creditor payment

	+				
9b. Total average monthly payment	\$0.00	$\begin{array}{c} \text{Copy} \\ \text{here} \rightarrow \end{array}$	\$0.00	Repeat this amount on line 33a.	
. Net mortgage or rent expense.					
Subtract line 9b (total average monthly payment) from this number is less than \$0, onter \$0.	line 9a ( <i>mortgage or rent</i>	expense). If	\$1,697.0	Copy here →	\$1,697.00

9c.

this number is less than \$0, enter \$0.

\$1,697.00	Copy here →	\$1
	.1.7	

If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$0.00

Explain	1	
why:		

Debtor 1 Stephanie Joanne Dacument Page 3 of 8 Case number (if known) 23-13774-amc
First Name Middle Name Last Name

11.	Local transp  0. Go to	ortation expenses: Check line 14.	the number	of vehicles for which you	ı claim an ov	nership or operat	ting expense.		
	<b>√</b> 1. Go to	line 12.							
	2 or more	e. Go to line 12.							
12.		ration expense: Using the I in the Operating Costs the				,	m the operating	\$318.00	
13.	<b>Vehicle ownership or lease expense:</b> Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.								
	Vehicle 1	Describe Vehicle 1:	2018 Audi Q5	5					
	13a Owners	hip or leasing costs using	IRS Local Sta	undard		\$629.00	)		
		e monthly payment for all					-		
	ŭ	nclude costs for leased ve		<i>z</i> ,					
	amounts	To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.							
	Name of	f each creditor for Vehicle	1	Average monthly payment					
	Bridgecr	est Acceptance Corp	otance Corp						
				+					
	Total average monthly payment $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								
	13c. Net Vehicle 1 ownership or lease expense								
	Subtract line 13b from line 13a. If this number is less than \$0, enter \$0							\$292.99	
		1							
	Vehicle 2	Describe Vehicle 2:							
		_							
		hip or leasing costs using							
	ū	e monthly payment for all on nclude costs for leased ve		by venicle 2.					
	Name of	f each creditor for Vehicle	2	Average monthly payment					
				+	_				
		Total average mon	thly payment		Copy here →		Repeat this amount on line 33c.		
	13f. Net Veh	nicle 2 ownership or lease	expense				Copy net Vehicle 2		
	Subtrac	t line 13e from 13d. If this	number is les	s than \$0, enter \$0			expense here $\rightarrow$		
14.		portation expense: If you on expense allowance re					n the <i>Public</i>		
15.	public transp	ublic transportation expe ortation expense, you mag andard for <i>Public Transpo</i>	y fill in what yo					\$218.00	

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First Name Middle Name Last Name

Other Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. **Expenses** 16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, \$1,657.03 social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. \$0.00 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, \$1.56 include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as \$0.00 spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$0.00 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or • for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the \$0.00 health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your + \$300.00 dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$6,047.58 Add lines 6 through 23. **Additional Expense** These are additional deductions allowed by the Means Test. **Deductions** Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$186.29 Disability insurance \$5.98 Health savings account \$0.00 Total \$192.27 Copy total here  $\rightarrow$  ..... \$192.27 Do you actually spend this total amount? No. How much do you actually spend? **√** Yes Continuing contributions to the care of household or family members. \$0.00 The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your \$0.00 family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.

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28.	Additional home energy costs. Your home If you believe that you have home energy of	**	•	•					
	the excess amount of home energy costs  You must give your case trustee documenta				-	\$0.00			
	reasonable and necessary.	ation of your actual expenses, and you	must snow that th	e additional amount c	daineu is				
29.	Education expenses for dependent childre that you pay for your dependent children we school.					\$0.00			
	You must give your case trustee documentareasonable and necessary and not already		must explain why	the amount claimed i	s				
	* Subject to adjustment on 4/01/25, and ever	ery 3 years after that for cases begun o	n or after the date	of adjustment.					
30.	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
	To find a chart showing the maximum addit This chart may also be available at the bank		specified in the s	eparate instructions f	or this form.				
	You must show that the additional amount of	claimed is reasonable and necessary.							
31.	<b>Continuing charitable contributions.</b> The a religious or charitable organization. 11 U.S.		ute in the form of o	cash or financial instru	uments to a +	\$0.00			
	Do not include any amount more than 15%	of your gross monthly income.							
32.	Add all of the additional expense deduction Add lines 25 through 31.	ons.				\$192.27			
Ded	uctions for Debt Payment								
33.	For debts that are secured by an interest in other secured debt, fill in lines 33a through		me mortgages, vo	ehicle loans, and					
	To calculate the total average monthly payr the 60 months after you file for bankruptcy.		ually due to each s	secured creditor in					
		·		Average monthly					
				payment					
	Mortgages on your home			\$0.00					
	33a. Copy line 9b here		→						
	Loans on your first two vehicles			<b>#220.04</b>					
	33b. Copy line 13b here		→	\$336.01					
	33c. Copy line 13e here								
	33d. List other secured debts:								
	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes of insurance?						
			☐ No						
			Yes						
			☐ No ☐ Yes						
			No						
				+	Oamut-1-1				
	33e. Total average monthly payment. Add	lines 33a through 33d		\$336.01	Copy total here→	\$336.01			

Debtor 1 Stephanie Joanne Dacument Page 6 of 8 Case number (if known) 23-13774-amc
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34.	Are any debts that you listed in lin support or the support of your dep  No. Go to line 35.  Yes. State any amount that you possession of your property (cal	r your					
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
	Bridgecrest Acceptance Corp	2018 Audi Q5	\$2,331.00	÷ 60 =	38.85		
				÷ 60 = ÷ 60 =	+		
				Total	\$38.85	Copy total	\$38.85
35.	Do you owe any priority claims—sbankruptcy case? 11 U.S.C. § 507		pport, or alimony—	that are pas	t due as of the filing		
	☐ No. Go to line 36.						
	Yes. Fill in the total amount of al those you listed in line 19.	l of these priority claims. Do not	t include current or o	ngoing priori	ty claims, such as		
	Total amount of all past-du	e priority claims			\$4,875.00	÷ 60	\$81.25
36.	Projected monthly Chapter 13 plan	n payment			\$2,000.00		
	Current multiplier for your district United States Courts (for district United States Trustees (for all or	s in Alabama and North Carolin					
	To find a list of district multipliers the separate instructions for this office.				X <u>10.00%</u>		
	Average monthly administrative	expense			\$200.00	Copy total here →	\$200.00
37.	Add all of the deductions for debt	payment. Add lines 33e throug	h 36.				\$656.11
Total	Deductions from Income						
38.	Add all of the allowed deductions.						
	Copy line 24, All of the expenses at	llowed under IRS expense allov	vances		\$6,047.58		
	Copy line 32, All of the additional ex	xpense deductions			\$192.27		
	Copy line 37, All of the deductions	for debt payment			+ \$656.11	_	
	Total deductions				\$6,895.96	Copy total here →	\$6,895.96

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Par	12: Dete	ermine You	ur Disposable Income Und	er 11 U.S.C. § 1325	(b)(2)			
39.			ent monthly income from line 1 urrent Monthly Income and Calo					\$7,045.54
40.	The mont payments accordance	reasonably hly average for a depen ce with appli I for such ch	0.00					
41.	1. <b>Fill in all qualified retirement deductions.</b> The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).							
42.	Total of a	II deduction	s allowed under 11 U.S.C. § 707	7(b)(2)(A). Copy line 38	here $\rightarrow$	\$6,89	5.96	
43. 44.	and you hexpenses circumsta	nave no reas . You must g nces and do ne the specia	I circumstances. If special circu onable alternative, describe the give your case trustee a detailed ocumentation for the expenses.  al circumstances  Total	special circumstances explanation of the special circumstance explanation ex	end their cial Copy here →		_	y here $\rightarrow$ $ $6,895.96$
45.	Calculate	your month	nly disposable income under §	<b>1325(b)(2).</b> Subtract line	e 44 from line	e 39.		\$149.58
Par	t 3: Cha	nge in Inc	ome or Expenses					
46.	changed case will le petition, c	or are virtual be open, fill i heck 122C-	expenses. If the income in Formally certain to change after the dain the information below. For exall in the first column, enter line 2 occurred, and fill in the amount of	te you filed your bankru ample, if the wages repo in the second column,	ptcy petition orted increas	and during the ting sed after you filed	ne your your	
F	orm	Line	Reason for change			Date of change	Increase or decrease?	Amount of change
_	122C-1 122C-2						☐ Increase☐ Decrease	
	] 122C-1 ] 122C-2 ——————————————————————————————————						☐ Increase☐ Decrease	

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Dൂറ്റument Debtor 1 Stephanie First Name Last Name

Middle Name

## Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.



/s/ Stephanie Joanne Jahr

Signature of Debtor 1

Date 01/16/2024

MM/ DD/ YYYY